

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different than previously reported. (ACC)

FAIRFAX

VA

22033

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00408435

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Doug Huynh

Signature of Treasurer

Doug Huynh

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		167031.37
(b) Cash on Hand at Beginning of Reporting Period.....	165043.90	
(c) Total Receipts (from Line 19)	41385.19	62126.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	206429.09	229158.22
7. Total Disbursements (from Line 31)	68730.75	91459.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	137698.34	137698.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y Y
12 31 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25550.00

42015.00

(ii) Unitemized

12220.00

16382.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

37770.00

58397.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

37770.00

58397.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

3500.00

3500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

115.19

229.35

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

41385.19

62126.85

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

41385.19

62126.85

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	230.75	459.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	230.75	459.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	91000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68730.75	91459.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68730.75	91459.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37770.00	58397.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37770.00	58397.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	230.75	459.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	230.75	459.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Steven Amberson

Mailing Address 300 Professional Drive

City State Zip Code
 Scarborough ME 04074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : SA11AI.8300

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Curtis Bakal

Mailing Address 920 Hardscrabble Rd

City State Zip Code
 Chappaqua NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medical and Dental

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 26 / 2013

Transaction ID : SA11AI.8412

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Barboza

Mailing Address 4633 Kingston Court

City State Zip Code
 Columbus OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 22 / 2013

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carl M Black

Mailing Address 1226 E. 1090 N.

City
Orem

State
UT

Zip Code
84097-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Valley Regional Medical C

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2013

Transaction ID : SA11AI.8401

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher J. Bosarge

Mailing Address 613 Aragon St.

City

Pensacola

State

FL

Zip Code

32502-6192

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pensacola Radiology Consultant

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2013

Transaction ID : SA11AI.8454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Stuart Braverman

Mailing Address 232 Constance Ln.

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pueblo Radiology Medical Group

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : SA11AI.8311

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Lynn Brody

Mailing Address 1275 York Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Sloan-Kettering Cance

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2013

Transaction ID : SA11AI.8376

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph B. Broudy

Mailing Address 271-B South Van Pelt St.

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lourdes Imaging Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2013

Transaction ID : SA11AI.8397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. F. Stuart Browne

Mailing Address 509 West French Place

City

San Antonio

State

TX

Zip Code

78212

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2013

Transaction ID : SA11AI.8448

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael Brunner

Mailing Address 5145 N California Ave

City State Zip Code
 Chicago IL 60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Swedish Covenant Hospital

Occupation
 doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8212

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott Burstein

Mailing Address 4506 Oakwood Ave.

City State Zip Code
 Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Good Samaritan Hospital

Occupation
 doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11AI.8298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Bynum

Mailing Address 14048 Mint Trail

City State Zip Code
 San Antonio TX 78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Texas Radiology Group

Occupation
 doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : SA11AI.8240

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 46

(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lawrence C Calabrese

Mailing Address 8394 Prestwick Dr

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2013

Transaction ID : SA11AI.8232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bhavika R. Dave

Mailing Address 959 Lake Harbour Dr.
Apt 1101

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medi

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SA11AI.8471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. William Deeter

Mailing Address 14 Ryedale Ct.

City

Greenville

State

SC

Zip Code

29615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Radiology, PA

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : SA11AI.8258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carol Ebersole

Mailing Address 755 Hanover Way

City

Lakeland

State

FL

Zip Code

33813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Watson Clinic, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	3		

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven EpsteinMailing Address 7004 Blvd East
#32D

City

West New York

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Barnabas Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	7		2	0	1	3		

Transaction ID : SA11AI.8418

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Laura Findeiss

Mailing Address 3604 Sunridge Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah School of M

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	3		

Transaction ID : SA11AI.8426

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Arthur M Freedman

Mailing Address 104 Briarwood Ct

City

Spartanburg

State

SC

Zip Code

29302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

Transaction ID : SA11AI.8457

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher J. Friend

Mailing Address 4735 Butler Street Fl. 2

City

Pittsburgh

State

PA

Zip Code

15201

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2013			

Transaction ID : SA11AI.8475

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John Fulco

Mailing Address 833 Worchester Dr.

City

Schenectady

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schenectady Radiologists, PC

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : SA11AI.8470

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas Fuller

Mailing Address 5465 Errol PI NW

City State Zip Code
 Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Specialists

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : SA11AI.8219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Monte Golditch

Mailing Address 7 Broadmoor Ave.

City State Zip Code
 Colorado Springs CO 80906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 28 / 2013

Transaction ID : SA11AI.8423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory E Guy

Mailing Address 395 West 12th Ave, 4th Floor

City State Zip Code
 Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ohio State University Medi

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : SA11AI.8459

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Neil Halin

Mailing Address 750 Washington St
253

City State Zip Code
Boston MA 02111

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2013

Transaction ID : SA11AI.8402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin Henseler

Mailing Address 386 Mississippi River Blvd. S.

City State Zip Code
Saint Paul MN 55105-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suburban Imaging

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.8432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brent Herbel

Mailing Address PO Box 6341

City State Zip Code
Grand Forks ND 58206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altru Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : SA11AI.8288

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Hertzog

Mailing Address 655 Friar Dr.

City State Zip Code
Yardley PA 19067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albert Einstein Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : SA11AI.8305

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent R. Hootman

Mailing Address 8205 Via Encantada NE

City State Zip Code
Albuquerque NM 87122-2775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates Of Albuqu

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SA11AI.8417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Hull

Mailing Address 2651 Radnor PI

City State Zip Code
Midlothian VA 23113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chippenham Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2013

Transaction ID : SA11AI.8331

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sidney L. Kahn

Mailing Address 68 Eaglebrook Drive

City

Somers

State

CT

Zip Code

06071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2013

Transaction ID : SA11AI.8444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George A. Kallianos

Mailing Address 8319 Grogans Ferry Rd

City

Atlanta

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 14 / 2013

Transaction ID : SA11AI.8259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Benjamin Kassanoff

Mailing Address 12700 Park Central Dr.

City

Dallas

State

TX

Zip Code

75251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical City Dallas Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2013

Transaction ID : SA11AI.8249

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carl Kim

Mailing Address 86 Garden St

City State Zip Code
San Francisco CA 94115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : SA11AI.8253

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Venkatesh P. Krishnasamy

Mailing Address 5480 Winding Way Apt E

City State Zip Code
Columbus OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Med Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : SA11AI.8220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Katharine Krol

Mailing Address 8433 Harcourt Rd

City State Zip Code
Indianapolis IN 46260

FEC ID number of contributing
federal political committee.

C

Name of Employer
St.Vincent Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Naveen Kumar

Mailing Address 62 Grande Paseo

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSF

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2013

Transaction ID : SA11AI.8358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul J. Lee

Mailing Address 1321 Baldwin Ave

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huron Valley Radiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : SA11AI.8468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Louis Lucas

Mailing Address 77 Nottingham Drive

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson-Madison County General

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 22 / 2013

Transaction ID : SA11AI.8289

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Aneesa S. Majid

Mailing Address 3352 Blackburn St

City State Zip Code
 Dallas TX 75204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2013

Transaction ID : SA11AI.8452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dee Malkerneker

Mailing Address 841 Burgundy Street

City State Zip Code
 New Orleans TX 70116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 16 2013

Transaction ID : SA11AI.8403

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas Markert

Mailing Address 5137 Pleasant Forest Drive

City State Zip Code
 Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Vascular Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 23 2013

Transaction ID : SA11AI.8408

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Carl Martino

Mailing Address 1351 Briarhill Dr.

City State Zip Code
 Akron OH 44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : SA11AI.8222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Terence Matalon

Mailing Address 5501 Old York Rd

City State Zip Code
 Philadelphia PA 19141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albert Einstein Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.8396

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sagar A. Naik

Mailing Address 4607 Macoma Court

City State Zip Code
 Sugar Land TX 77479

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Luke's Episcopal Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 18 / 2013

Transaction ID : SA11AI.8278

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Newcomb

Mailing Address 1425 Princeton Ct.

City State Zip Code
 Allentown PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 05 / 2013

Transaction ID : SA11AI.8338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chanh D Nguyen

Mailing Address 1740 E Shepherd Ave
 Apt 158

City State Zip Code
 Fresno CA 93720

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMI Radiology Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : SA11AI.8324

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Oliver D. Ochs

Mailing Address 2147 E. Hamlin

City State Zip Code
 Seattle WA 98112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia Business Office

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA11AI.8445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Randon L Opp

Mailing Address 700 Ironwood Drive Suite 110

City State Zip Code
Coeur D Alene ID 83814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kootenai Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : SA11AI.8295

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sanjiv R. Parikh

Mailing Address 500 17th Avenue

City State Zip Code
Seattle WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Providence Campus

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2013

Transaction ID : SA11AI.8321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James B Philipps

Mailing Address 124 Solomon Ln

City State Zip Code
Midland TX 79705-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2013

Transaction ID : SA11AI.8387

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Donald Ponec

Mailing Address 7912 Corte Penca

City

Carlsbad

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-City Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Abdul Quadeer

Mailing Address 506 Trace Drive

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : SA11AI.8261

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rodolfo Queiroz

Mailing Address 6334 Candlelight Run

City

Victor

State

NY

Zip Code

14564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Finger Lakes Radiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11AI.8437

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Riggins

Mailing Address 3692 El Cordero Ranch Springs Road

City State Zip Code
 Augusta GA 30907

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Vascular Radiology Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2013

Transaction ID : SA11AI.8394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark D. Salerno

Mailing Address 100 Fairfield Drive

City State Zip Code
 Seneca PA 16346

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advanced Imaging Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 23 / 2013

Transaction ID : SA11AI.8472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Wales R Shao

Mailing Address 474 48th Avenue
 Apt 26B

City State Zip Code
 Long Island City NY 11109-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New York Hospital - Queen

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : SA11AI.8250

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David J. Sheehan

Mailing Address 406 W Oakland Ave

City State Zip Code
Doylestown NH 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doylestown Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2013

Transaction ID : SA11AI.8332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kevin Short

Mailing Address 10326 County Rd.

City State Zip Code
Flint TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tyler Radiology Associates

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : SA11AI.8390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sandy Shultz

Mailing Address 1021 Johnson St.

City State Zip Code
Key West FL 33040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology in Paradise

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : SA11AI.8450

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ezequiel Silva

Mailing Address 422 Normandy Ave

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

Transaction ID : SA11AI.8353

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Anup Singh

Mailing Address 711 Bodega Ct.

City

Fremont

State

CA

Zip Code

94539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates Medical G

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2013

Transaction ID : SA11AI.8460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Suzanne Slonim

Mailing Address 4435 Holland Avenue

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Hospital Of Dallas

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2013

Transaction ID : SA11AI.8224

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven J. Smith

Mailing Address 1879 N. Burling

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

LaGrange Memorial Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2013

Transaction ID : SA11AI.8462

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Coralli So

Mailing Address 244 West Newton St.
#3

City State Zip Code
Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Melrose-Wakefield Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2013

Transaction ID : SA11AI.8400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Sosa

Mailing Address 6160 SW 92nd St.

City State Zip Code
Pinecrest FL 33516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Doctors Hospita

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : SA11AI.8355

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert M. Spillane

Mailing Address Jefferson Radiology

85 Seymour Street Suite 227

City

Hartford

State

CT

Zip Code

06106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2013

Transaction ID : SA11AI.8392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel Stackhouse

Mailing Address 1820 Dilworth Rd. W

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

North East Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : SA11AI.8238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Statler

Mailing Address 11112 Meadow Road

City

Tacoma

State

WA

Zip Code

98499

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : SA11AI.8267

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Charles Sutton

Mailing Address 301 Crossgate Dr.

City State Zip Code
 Clarks Summit PA 18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiological Consultants Inc

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 06 / 2013

Transaction ID : SA11AI.8391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter N. Swischuk

Mailing Address 2831 NW 121 Ave

City State Zip Code
 Fort Lauderdale FL 33323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson North Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 13 / 2013

Transaction ID : SA11AI.8257

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles Tate

Mailing Address 4725 N. Federal Highway

City State Zip Code
 Fort Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holy Cross Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2013

Transaction ID : SA11AI.8474

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John JT Thomas

Mailing Address 13651 Treasure Trail Dr.

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

Transaction ID : SA11AI.8325

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lani S. Thomas

Mailing Address 200 Stornaway Dr

City

jackson

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Radiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2013

Transaction ID : SA11AI.8441

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Thomasson Jr.

Mailing Address 1943 Elzey Ave.

City

Memphis

State

TN

Zip Code

38104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist University Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2013

Transaction ID : SA11AI.8406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dustin E. Thompson

Mailing Address 6150 Robin Circle

City	State	Zip Code
Mayfield Village	OH	44143

FEC ID number of contributing federal political committee.

 Name of Employer
 Cleveland Clinic Foundation

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2013

Transaction ID : SA11AI.8350

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. Seth M Toomay

Mailing Address 7622 Midbury Dr.

City	State	Zip Code
Dallas	TX	75230

FEC ID number of contributing federal political committee.

 Name of Employer
 University of Texas Southweste

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2013

Transaction ID : SA11AI.8356

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Saravanan Valliappan

Mailing Address 206 N. Aleppo Ct

City	State	Zip Code
Litchfield Park	AZ	85340

FEC ID number of contributing federal political committee.

 Name of Employer
 Valley Radiologists

 Occupation
 doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

Transaction ID : SA11AI.8416

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Dr. Chandrasekar Venugopal</p> <p>Mailing Address 3271 E. Via Montiano</p> <p>City State Zip Code Clovis CA 93611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Community Interventional Assoc doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 05 / 2013</p> <p>Transaction ID : SA11AI.8328</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Philip Vogelzang</p> <p>Mailing Address 1229 Madison Suite 900</p> <p>City State Zip Code Seattle WA 98104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Seattle Radiologists doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2013</p> <p>Transaction ID : SA11AI.8384</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. James P. Walsh</p> <p>Mailing Address 172 Sterling Pl #3</p> <p>City State Zip Code Brooklyn NY 11217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SUNY Downstate Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2013</p> <p>Transaction ID : SA11AI.8379</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			750.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Daniel J. Wegner

Mailing Address 226 E. Rivers Edge Dr

City State Zip Code
Eagle ID 83616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2013

Transaction ID : SA11AI.8322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Weil

Mailing Address 525 E. Market Street

City State Zip Code
Akron OH 44304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Akron Radiology, Inc.

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

Transaction ID : SA11AI.8367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Terrence Wilkin

Mailing Address 2650 Ridge Ave.

City State Zip Code
Evanston IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Evanston Hospital

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 04 / 2013

Transaction ID : SA11AI.8228

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jamison L Wilson

Mailing Address 11332 Wilderness Trail

City State Zip Code
Fishers IN 46038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University School of M

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : SA11AI.8299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas B. Yim

Mailing Address 5 Castlewall Ct

City State Zip Code
Timonium MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Baltimore Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : SA11AI.8229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Carol Younathan

Mailing Address 6716 NW 11th Pl

City State Zip Code
Gainesville FL 32605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diagnostic Imaging Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2013

Transaction ID : SA11AI.8383

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

25550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 46
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City State Zip Code
 Richmond VA 23261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.44

Date of Receipt

M M / D D / Y Y Y Y Y
 11 29 2013

Transaction ID : SA17.8163

Amount of Each Receipt this Period

19.51

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 27025

City State Zip Code
 Richmond VA 23261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.35

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA17.8164

Amount of Each Receipt this Period

19.91

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

39.42

TOTAL This Period (last page this line number only)..... ►

39.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Re-elect Tim Griffin for Congress

Mailing Address P.o. Box 7526

City

Little Rock

State

AR

Zip Code

72217

FEC ID number of contributing
federal political committee.

C

C00468116

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2013

Transaction ID : SA16.8208

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Transaction ID : SB21B.8165

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

36.40

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2013

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Transaction ID : SB21B.8166

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

36.47

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Transaction ID : SB21B.8167

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

36.25

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

109.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2013

Transaction ID : SB21B.8168

Amount of Each Disbursement this Period

38.93

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : SB21B.8169

Amount of Each Disbursement this Period

38.62

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Transaction ID : SB21B.8170

Amount of Each Disbursement this Period

38.51

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

116.06

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Bank of America

Category/
Type

5.57

State: District:

B.

Category/
Type

State: District:

C.

Category/
Type

State: District:

5.57

230.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANN PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Mailing Address P.O. BOX 3535

City	State	Zip Code
BALLWIN	MO	63022

Transaction ID : SB23.8192

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

ANN L. WAGNERCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 02

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Transaction ID : SB23.8187

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

XAVIER BECERRACategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 31

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Transaction ID : SB23.8188

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

XAVIER BECERRACategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 31

SUBTOTAL of Disbursements This Page (optional)..... ►

11000.00

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement

Candidate Name

GUS M BILIRAKIS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 12

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Transaction ID : SB23.8189

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement

Candidate Name

GUS M BILIRAKIS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 12

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Transaction ID : SB23.8200

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Mailing Address 504 DEREK AVENUE

City	State	Zip Code
ELIZABETHTOWN	KY	42701

Purpose of Disbursement

Candidate Name

S. BRETT GUTHRIE

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District: 02

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Transaction ID : SB23.8203

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DIAMOND PAC

Mailing Address PO BOX 7648

City LITTLE ROCK	State AR	Zip Code 72217
---------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Tim GriffinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SB23.8177

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville	State PA	Zip Code 19375
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

JOSEPH R PITTSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : SB23.8182

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. GINGREY FOR SENATE INC

Mailing Address PO BOX U

City MARIETTA	State GA	Zip Code 30060
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

J. PHILLIP GINGREYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SB23.8171

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2013

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Transaction ID : SB23.8186

Purpose of Disbursement

Amount of Each Disbursement this Period

2000.00

Candidate Name

S. BRETT GUTHRIECategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

Mailing Address PO BOX 87

City	State	Zip Code
UWCHLAND	PA	19480

Transaction ID : SB23.8183

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

JIM GERLACHCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 06

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

Mailing Address PO BOX 3750

City	State	Zip Code
BRENTWOOD	TN	37024

Transaction ID : SB23.8202

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

MARSHA MRS. BLACKBURNCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District: 07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marsha PAC

Mailing Address PO Box 3241

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement

Candidate Name

MARSHA MRS. BLACKBURN

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : SB23.8195

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. MURPHY FOR CONGRESS COMMITTEE

Mailing Address 350 NEPONSET ST UNIT J

City	State	Zip Code
CANTON	MA	02021

Purpose of Disbursement

Candidate Name

PATRICK MURPHY

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 18

Disbursement For: 2013
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SB23.8173

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MURPHY FOR CONGRESS COMMITTEE

Mailing Address 350 NEPONSET ST UNIT J

City	State	Zip Code
CANTON	MA	02021

Purpose of Disbursement

Candidate Name

PATRICK MURPHY

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 18

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Transaction ID : SB23.8199

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Mailing Address P.O. BOX 7526

City	State	Zip Code
LITTLE ROCK	AR	72217

Transaction ID : SB23.8179

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Tim GriffinCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 02

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : SB23.8205

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

RENEE JACISIN ELLMERSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

C. TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Mailing Address 133 SOUTH HARBOR DRIVE SOUTH

City	State	Zip Code
VENICE	FL	34285

Transaction ID : SB23.8335

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WHITFIELD FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Transaction ID : SB23.8201

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

ED WHITFIELDCategory/
Type

5000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
68500.00